



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of buprenorphine products, carisoprodol products, lansoprazole, lindane, and omeprazole-sodium bicarbonate) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Accolate*	Derma-Smoothe/FS*	pHisoHex
Actos	Diastat*	Prandin
Adderall XR*	Dulera	Premarin (tabs only)
Advair Diskus	Flovent Diskus	ProAir HFA
Advair HFA	Flovent HFA	Proventil HFA
Aricept*	Focalin XR	QVAR
Aricept ODT*	Foradil	Relenza [†]
Asmanex	Glyset	Ritalin*
Astepro	Gris-Peg	Ritalin-SR*
Atrovent HFA	Humalog	Serevent Diskus
Bactroban Nasal	Infergen	Singulair
Beconase AQ	Lantus	Spiriva
Blephamide	Lexapro	Tamiflu [†]
Blephamide S.O.P.	Maxair Autohaler	Tobrex*
Bleph-10*	Maxalt MLT	Tyzine
Capex Shampoo	Menest	Ventolin HFA
Cenestin	Nasonex	Vyvanse
Combivent	Niacor	Xopenex HFA
Concerta*	Nitro-Bid	Zovirax (ointment only)
Daraprim	Oxytrol	
Daytrana	PegIntron	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 04/02/2012